



ARIZONA DEPARTMENT OF PUBLIC SAFETY
SECURITY GUARD/PRIVATE INVESTIGATION AGENCY APPLICATION
Arizona Department of Public Safety PO Box 6328 Phoenix, AZ 85005-6328

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INSTRUCTIONS:

1. Complete both sides of the application BEFORE mailing to the Arizona Department of Public Safety
2. PRINT or TYPE ALL INFORMATION requested.
3. Fill in all spaces. Print "DNA" for "does not apply" in those areas which you have no information to provide. Do not omit any information.
4. Sign on the bottom of the page, witnessed by a Notary Public. Unsigned applications will be returned.
5. Mail this application, fingerprint card, documented verification of qualifying work experience, photographs, partnership or corporation papers and fees to the Arizona Department of Public Safety.
6. Use this form if applying as the Qualifying Party of an agency, Resident Manager.
7. Fees are subject to change. Refer to current fee schedule.

APPLICATION IS FOR (SELECT ONE):

SECURITY GUARD AGENCY

- ☐ Agency application \$500.00
License \$500.00
☐ Renewal \$500.00*
☐ Resident Manager \$50.00
☐ Restructure \$100.00

PRIVATE INVESTIGATION AGENCY

- ☐ Agency application \$250.00
License \$400.00
☐ Renewal \$250.00*
☐ Restructure \$100.00

****include \$29 fingerprinting fee****

APPLICANT INFORMATION

LAST NAME, FIRST NAME, MIDDLE NAME					FOR DPS USE ONLY	
					SLN	
BIRTHDATE (MM/DD/YY)	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SEX	
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
HOME ADDRESS(STREET, CITY, STATE, ZIP CODE)						
MAILING ADDRESS OR <input type="checkbox"/> SAME AS HOME ADDRESS						
SOCIAL SECURITY NUMBER		HOME PHONE	BUSINESS PHONE	PLACE OF BIRTH (CITY & STATE)		
LIST OTHER NAMES YOU HAVE USED						

REQUIRED - Complete side two of this application and answer the following question:

Do you meet each and every qualification for the type of license you are seeking? ☐ yes

☐ no

In order to permit the Arizona Department of Public Safety to make a thorough investigation of my background, pursuant to the laws of Arizona, I hereby authorize any person or legal entity to release and transmit to AZ DPS agents or employees, any information or data regarding my employment record and personal character. I release any organization and all person whomsoever from any charge because of furnishing said information. Further, I certify that all of the foregoing statements are true and correct to the best of my knowledge. I understand that my license may be denied and that I may be charged with a criminal offense for knowingly making any false statements or omissions on the application. SIGN THIS APPLICATION WITNESSED BY A NOTARY PUBLIC.

Applicant signature

Date

Notary Public

FOR DPS USE ONLY

DATE ISSUED

EXPIRATION DATE

☐ WORKER'S COMP

ID

REMARKS:

EMPLOYMENT HISTORY

LIST PAST 5 YEARS OF WORK EXPERIENCE; ALSO LIST ANY JOBS WHICH REFLECT THE MINIMUM QUALIFICATIONS. USE SEPARATE SHEET IF NECESSARY.

NAME	TITLE	DATES (TO/FROM)

AGENCY INFORMATION

AGENCY NAME

AGENCY LICENSE NO:

EXPIRATION DATE

PRINCIPAL BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) ☐ CHECK IF NEW ADDRESS (RENEWALS ONLY)PRINCIPAL MAILING ADDRESS OR ☐ SAME AS BUSINESS ADDRESS

BRANCH OFFICE IN ARIZONA

STREET

CITY/STATE/ZIP

PHONE NUMBER

AGENCY STRUCTURE
☐ SOLE PROPRIETORSHIP
 ☐ PARTNERSHIP
 ☐ CORPORATION
 ☐ LLC
 ☐ OTHER _____

IF OTHER THAN A SOLE PROPRIETORSHIP, INCLUDE PROPERLY SIGNED AND REGISTERED PARTNERSHIP AGREEMENT, ARTICLES OF ORGANIZATION, OR ARTICLES OF INCORPORATION. OUT OF STATE CORPORATIONS MUST REGISTER WITH THE ARIZONA CORPORATION COMMISSION AS A FOREIGN CORPORATION AUTHORIZED TO CONDUCT BUSINESS IN ARIZONA.

LIST BELOW EACH PARTNER, OFFICER/ DIRECTOR OR LLC MEMBER/MANAGER OF THE AGENCY

NAME	TITLE

NAME	TITLE

NAME	TITLE

NAME	TITLE

LIST ADDITIONAL PERSONS ON A SEPARATE SHEET OF PAPER

GENERAL

PROVIDE A BRIEF STATEMENT, DESCRIBING THE NATURE OF THE BUSINESS IN WHICH YOU INTEND TO ENGAGE. USE A SEPARATE SHEET OF PAPER IF NECESSARY

ADDITIONAL COMMENTS: